A picture containing clipart

Description automatically generated

Residential Permit Parking (RPP)

Notarized Letter for Authorized Vehicle Use

PLEASE PRINT CLEARLY

NOTE: If you share the same last name with the vehicle owner, this form is not required.

**CURRENT RESIDENCY INFORMATION:**

FULL NAME (PRINTED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APT/UNIT #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do hereby attest and affirm that the information enclosed in this letter is truthful, current and accurate to the best of my knowledge and the legal owner of this vehicle is signing this authorization.

**TO BE FILLED OUT BY VEHICLE OWNER:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby attest that the above signed person has authorization for use of my vehicle.

VEHICLE STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLATE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAKE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MODEL:\_\_\_\_\_\_\_\_\_\_\_\_\_ VIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF VEHICLE OWNER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTARY STAMP AND INFORMATION:**

Sworn to and subscribed before me:

This\_\_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_ yr \_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_